

Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing
P.O. Box 2014
Frankfort, Kentucky 40602-2014

TC 96-15E
Rev. 03/2007

Application for Special License Plate



Please Print or Type:

Name: _____

Address: _____

City: _____ **County:** _____ **Zip:** _____

Pursuant to KRS 186.164

Must be a non profit organization and in compliance with the parameters of the Kentucky Revised Statutes.

I am applying for the following special license plate: _____

Applications must be submitted to (Point of Contact Person):

Name of Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Each application must be accompanied by a check in the amount of \$28.00 made payable to For Jamie's Sake.

Additional voluntary donations for special plates, over and above the cost of the plate may be made at the County Clerk's office. \$ _____

At least 900 applications for a particular plate shall be received within one year or the plate will not be produced.

This application will be accepted at any time.

Original - Organization

Copy - Customer